

R430-100-24. INFANT AND TODDLER CARE.

If the center cares for infants or toddlers, the following applies:

- (1) The provider shall not mix infants and toddlers with older children, unless there are 8 or fewer children present at the center.
- (2) Infants and toddlers shall not use outdoor play areas at the same time as older children.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, knocked down, pushed, shoved, sat on, etc. CFOC, pg. 54 Standard 2.013; pg. 236 Standard 5.114

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

Enforcement

A center may apply for a variance to this rule, to mix toddlers and two-year-olds only, if the following conditions are met:

- 1. Mixed toddler/two groups must maintain a caregiver to child ratio of at least 1:5.*
- 2. The group size for mixed toddler/two groups may not exceed 10 children.*
- 3. If more than half of the mixed age group are toddlers, the toddler caregiver to child ratio of 1:4 and maximum group size of 8 children must be maintained.*

Always Level 1 Noncompliance.

- (3) If an infant is not able to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale / Explanation

Propping bottles can cause choking and aspiration, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. CFOC, pgs. 157-158 Standard 4.014

Enforcement

Always Level 2 Noncompliance.

- (4) The provider shall clean and sanitize high chair trays prior to each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of

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microorganisms that can cause disease. CFOC, pgs. 165-166 Standard 4.019

Enforcement

Always Level 3 Noncompliance.

- (5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.**

Rationale / Explanation

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. CFOC, pgs. 168-169, Standards 4.037, 4.038

Enforcement

For the purpose of this rule, solid foods do not include items such as crackers, cookies, teething biscuits, or sandwiches. Examples of solid foods that should be cut into small pieces include hot dogs, grapes, cheese chunks, fruit chunks, or other solid foods a child might try to swallow whole and choke on.

Level 1 Noncompliance: If food is not cut into the required size and a child chokes on it.

Level 2 Noncompliance otherwise.

- (6) Baby food, infant formula, and breast milk for infants that is brought from home for an individual child's use must be:**
- (a) labeled with the child's name;**
 - (b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;**
 - (c) kept refrigerated if needed; and**
 - (d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.**

Rationale / Explanation

The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction), and to ensure that children do not become ill from eating spoiled food. CFOC, pgs. 158-160 Standards 4.015, 4.016, 4.017, 4.021

Enforcement

Breast milk that collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up 24 hours, after which, it should be discarded.

Level 1 Noncompliance: If failure to follow this rule results in a child being served food they are allergic to, or spoiled food.

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Level 3 Noncompliance otherwise.

- (7) Infant formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.

Rationale / Explanation

The purpose of this rule is to prevent children from eating spoiled milk or formula, and to prevent the spread of disease. Bacteria introduced by saliva makes milk consumed over a period of more than an hour unsuitable and unsafe for consumption. CFOC, pgs. 157-160 Standards 4.014, 4.015, & 4.017

Enforcement

Level 1 Noncompliance: If failure to follow this rule results in a child being served spoiled milk or formula.

Level 3 Noncompliance otherwise.

- (8) To prevent burns, heated bottles shall be thoroughly shaken and tested for temperature before being fed to children.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot, or by pulling the crock pot down on themselves by a dangling cord. CFOC, pg.160 Standard 4.018

Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants. CFOC, pg.160 Standard 4.018

Enforcement

Always Level 1 Noncompliance.

- (9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, pg. 109 Standard 3.037

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Enforcement

If a center brings cups for children into the room when each meal is served, and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.

If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.

Always Level 3 Noncompliance.

- (10) Only one infant shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.**

Rationale / Explanation

The purpose of this rule is to prevent infants from accidentally injuring one another.

Enforcement

Level 2 Noncompliance: If 2 or more mobile infants occupy the same piece of equipment.

Level 3 Noncompliance otherwise.

- (11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.**

Rationale / Explanation

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. CFOC, pg. 248 Standard 5.146

Enforcement

This rule would not be cited if an infant sleeps in a non-allowed piece of equipment, but the parent has provided documentation from a doctor instructing otherwise due to a medical condition.

Always Level 2 Noncompliance.

- (12) Infant cribs must:**
- (a) have tight fitting mattresses;**
 - (b) have slats spaced no more than 2-3/8 inches apart;**
 - (c) have at least 20 inches from the top of the mattress to the top of the crib rail; and**
 - (d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails.**

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck

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became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. Children can also be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail, to prevent standing children from falling out of the crib.) The presence of strings or cords strung across crib rails presents a strangulation hazard. CFOC, pg. 224 Standard 5.088; pgs. 247-248 Standard 5.145

Enforcement

A mattress is considered tight-fitting if no more than two fingers can fit between the mattress and the crib side.

Level 1 Noncompliance: in all instances except that described below in Level 2 Noncompliance.

Level 2 Noncompliance: if the infant in the crib cannot yet sit up, and there is at least 12 inches from the top of the mattress to the top of the crib rail, but less than 20".

(13) Infants shall not be placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, pgs. 88-89 Standard 3.008; pg. 248 Standard 5.146

Enforcement

Always Level 1 Noncompliance.

(14) Each infant and toddler shall follow their own pattern of sleeping and eating.

Rationale / Explanation

Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. CFOC, pgs. 88-89 Standards 3.008, 3.009; pg. 157 Standard 4.013

Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute

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Enforcement

Toddlers may begin to be eased into group schedules for eating and napping. However any toddler who is tired must be allowed to rest, and any toddler who is hungry must be given something to eat.

Always Level 2 Noncompliance.

- (15) Caregivers shall keep a written record daily for each infant documenting their eating and sleeping patterns. The record shall be completed within an hour of each feeding or nap, and shall include the food and beverages eaten, and the times the child slept.**

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. Because infants are non-verbal, knowing when there is a change in an infant's pattern of eating or sleeping can alert parents and caregivers to potential health problems. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. CFOC, pg. 374 Standard 8.074

Enforcement

Always Level 3 Noncompliance.

- (16) Infant walkers with wheels are prohibited.**

Rationale / Explanation

Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in child care centers. Walkers are dangerous because they move children around too fast, and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. CFOC, pg. 221 Standard 5.083

Enforcement

Always Level 1 Noncompliance.

- (17) Infants and toddlers shall not have access to objects made of styrofoam.**

Rationale / Explanation

Styrofoam can break into pieces that can become choking hazards for young children. CFOC, pgs. 165-166 Standard 4.029

Enforcement

Always Level 1 Noncompliance.

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- (18) Caregivers shall respond as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.**

Rationale / Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute; CFOC, pg. 52 Standard 2.010

While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

Enforcement

Always Level 2 Noncompliance.

- (19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.**

Rationale / Explanation

Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers. CFOC, pg. 50 Standard 2.007; pgs. 53-54 Standards 2.011, 2.012

Enforcement

Always Level 2 Noncompliance.

- (20) Awake infants shall not be confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.**

Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

- (21) Mobile infants and toddlers shall have freedom of movement in a safe area.**

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Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

This rule is cited if mobile infants and toddlers do not have a safe area in which they can have freedom of movement. If there is a safe area for freedom of movement, but children do not have the opportunity to use it because they are confined for too long in pieces of equipment, cite R430-100-24(20) above, not this rule.

Level 1 Noncompliance: If the area for freedom of movement is unsafe.

Level 2 Noncompliance otherwise.

- (22) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.**

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997; CFOC, pgs. 53-54 Standard 2.012.

Enforcement

The specific toys or kinds of toys a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider.

Level 1 Noncompliance: If a toy is unsafe.

Level 2 Noncompliance otherwise.

- (23) All toys used by infants and toddlers shall be cleaned and sanitized:**
- (a) weekly;**
 - (b) after being put in a child's mouth; and**
 - (c) after being contaminated by body fluids.**

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when

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children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. CFOC, pgs. 108-109 Standard 3.036; pgs. 104-105 Standard 3.028; pgs. 108-109 Standard 3.036

Enforcement

Always Level 2 Noncompliance.